



Grid for Unique I-SMART ID

Encounter

Client Name: _____ Agency: _____ Facility: _____

Unique I-SMART No: [Grid] Y Y M M D D S S S S

Therapist: _____

1. Encounter Type

- Individual, Group, Family, Residential

2. Event Type

- Admission, Crisis Intervention, Placement Screening/OWI Assessment

3. Program Name: _____

Service Location: _____

4. Primary Modality

- Detox, Medication free, Maintenance, Other

5. Encounter Start Date:

[Grid] D D M M Y Y Y Y

Encounter End Date:

[Grid] D D M M Y Y Y Y

6. Duration: [] [] Days [] Minutes []

7. Number of Sessions: [] []

8. Primary Payment Source:

- No Charge, Client Self Pay, HMO, Medicaid, Workers' Comp, IDPH/Non Medicaid Eligible, RTSS, Medicare/Medicaid Eligible, Medicare/Non Medicaid Eligible, Hawk-I, NA/ No other payment source, Blue Cross/Blue Shield, Other Health Insurance, Medicare, Other Government, Private Pay, Unknown

9. Other Payment Source:

- No Charge, Client Self Pay, HMO, Medicaid, Workers' Comp, IDPH/Non Medicaid Eligible, RTSS, Medicare/Medicaid Eligible, Medicare/Non Medicaid Eligible, Hawk-I, NA/ No other payment source, Blue Cross/Blue Shield, Other Health Insurance, Medicare, Other Government, Private Pay, Unknown

10. Ancillary Services

- None, Educational, Gambling, Case Management, Mental Health Care, Nutritional Counseling, Physical/Sexual Abuse, Tutoring Services, Substance Abuse Distance Treatment, Childcare, Financial Counseling, Healthcare, Daily Living Skills, Mentoring Service, Parenting Training, Transportation, Vocational

11. Medications

- None, LAAM, Naltrexone, Antabuse, Methadone, Other

12. Frequency

- None, Five times weekly, Three times weekly, Once a week, Once a month, Twice a month, Daily, Four times weekly, Twice weekly, One Session

Name of person completing form Date